

PD0000000069270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

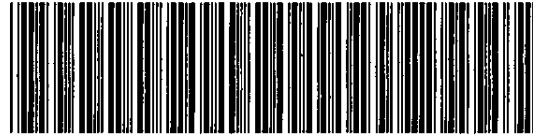
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 30 AM 9:40

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACK WIDOW INTERNET SERVICES OF THE KEYS, INC
(Name of Corporation)

DOCUMENT NUMBER: P00000069270

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER JARRETT, PRESIDENT
(Name of Contact Person)

BLACK WIDOW INTERNET SERVICES OF THE KEYS, INC
(Firm/Company)

18218 PARADISE MOUNTAIN ROAD, SPACE 197
(Address)

VALLEY CENTER, CA 92082
(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER JARRETT at (305) 743-9609
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2006

JENNIFER JARRETT
18218 PARADISE MOUNTIAN ROAD
SPACE 197
VALLEY CENTER, CA 92082

SUBJECT: BLACK WIDOW INTERNET SERVICES OF THE KEYS INC
Ref. Number: P00000069270

We have received your document for BLACK WIDOW INTERNET SERVICES OF THE KEYS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 506A00055012

RECEIVED

06 OCT 30 AM

DIVISION OF CORP.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLACK WIDOW INTERNET SERVICES OF THE KEYS, INC
2. The principal office address: 18218 PARADISE MTN. RD. SPACE 197
VALLEY CENTER, CA 92082
3. The mailing address (if different): P.O. BOX 1701
VALLEY CENTER, CA 92082
4. Date of incorporation/qualification: JULY 20, 2000 Document number: P00000069270
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

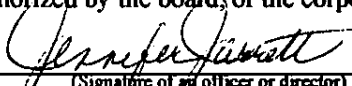
JENNIFER JARRETT
71 53RD ST. OCEAN
MARATHON, FL 33050

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KAREN KERVIAN
230 OLSON AVENUE
(P.O. Box NOT acceptable)
FORT PIERCE, FL 34946

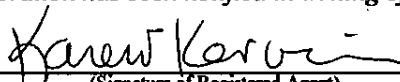
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

JENNIFER JARRETT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X 
(Signature of Registered Agent)

10/28/06
(Date)

If signing on behalf of an entity:

N/A
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 30 AM 9:40